

**CONSULTANT'S OR PERSONAL-SERVICES
SUBCONTRACTOR'S INVOICE FOR TRAVEL
AND/OR SERVICES**



ATTN: ACCOUNTS PAYABLE DEPARTMENT
P.O. BOX 2004, OAK RIDGE, TENNESSEE 37831-7045

NAME STREET CITY Please check if address has changed since last billing: <input type="checkbox"/>	DATE	SUBCONTRACT NO.
	INSTALLATION VISITED	
	PERSON(S) CONTACTED	

NOTICE: USE OF FIRST CLASS PLANE SPACE MUST BE EXPLAINED BELOW.

DATE	DEPARTED FROM	TIME	ARRIVED AT	TIME	MEANS OF TRANS.	AMOUNT CLAIMED

MEALS AND INCIDENTAL EXPENSES (Days at Per Day)

LODGING

OTHER EXPENSES (Please List)

TOTAL TRAVEL EXPENSES

FEES

DATE SERVICES RENDERED	RATE

TOTAL FEE

(DEDUCT) PREPAYMENTS/ADVANCES MADE BY BWXT Y-12, L.L.C. ()

GRAND TOTAL (TRAVEL PLUS TOTAL FEE LESS DEDUCTIONS)

1. COMPLETE IF PERSONAL CAR USED

AUTOMOBILE LICENSE NUMBER	REGISTRATION STATE OF	MILEAGE
		Miles per Rand McNally

2. EXPLANATION IF FIRST CLASS PLANE USED:

3. IDENTIFICATION OF PREPAYMENTS/ADVANCES MADE BY BWXT Y-12, L.L.C.

FOR COMPANY USE ONLY

_____ days services are hereby approved.
_____ days service and travel invoiced are hereby approved.

Cost Center or
WBS Element _____
Signature
of Approver _____ Date _____

CERTIFICATION: I certify that the above claim is just and true in all respects and that no invention or discovery, not heretofore reported by me, has been made or conceived by me during or in connection with the rendering of the above services, unless specifically noted on the reverse side of this form or on an attachment hereto.

Signature of Consultant or Personal-Services Subcontractor